U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.		4. Name, file number, and address of labor organization.			
Name CHRIS	DUGOVICH	Name	WA STATE COUNCIL OF COU	NTY & CITY EMPLOYEES	
		Labor	Organization File Number		
P.O. Box, Bldg., Room No., if any 750		P.O. Box, Building and Room Number, if any 750			
Street		Street			
City EVERETT		City	EVERETT		
State Washington	ZIP Code + 4 98206-0750	State	Washington	ZIP Code + 4 98206-0750	
5. Position in labor organization. EXECUTIVE DIRECTOR					
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (inc	cluding trade name, if any).	7.a. Nat	ure of Interest, Transaction, or Income.		
Name					
Trade Name, if any:				•	
P.O. Box, Bldg., Room No., if any					
01		7.b. Am	ount.		
Street					
City					
State	ZIP Code + 4				
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)					
Signed On 8/1/0,7 (425) 303-8818					

Telephone Number

Name of Person Filing CHRIS DUGOVICH	File Number U -				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	a. Labor Organization				
Trade Name, if any:	b. Trust c. Employer				
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. ROUND OF GOLF AT NEW CASTLE				
Name washington capital management, inc.					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any 1500					
Street 1301 FIFTH AVE					
City SEATTLE					
State Washington ZIP Code + 4 98101-2632					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$125				

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